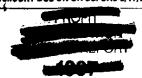
SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



THE RESERVE OF THE PARTY OF THE



FLORIDA DEPARTMENT OF STATE,

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064919 (9)

PREFERRED RENT-A-CAR, INC.

REINSTATEMENT 197)



97 DEC 16 AM 10: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e of Business	Mailing Address					a control sia taira attit antit abtit dåste natin åtitt åtela (då) (jörd 1811 180)				
19206 US 19 NORTH STE B CLEARWATER FL 34624		19206 US 19 NORTH STE B CLEARWATER FL 34624				DO NOT WRITE	IN THIS SP	'ACE			
						3.	Date Incorporated or Qualified 08/02/1996	3a. Date	of Last R	leport	
2. Principal P	lace of Business	28. Mailing Address 26			4.	FEI Number	Not Applied For Not Applicable				
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired	
City & Stat	θ	City & State	 			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	25 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	9. Name and Address of Curren	t Registered Agent				10.	. Name and Address of New Re	gistered Ag	jent		
LOUIS BAKKALAPULO, P.A.				81	Name						
	O GULF TO BAY BLVD.		82 Street Add			ddress (F	P.O. Box Number is Not Acceptab	le)			
	404		83								
CLE	ARWATER FL 34619										
_				84	City					Code	
office or r agent. I a SIGNATURE	to the provisions of Sections 607.050; egistered agon, in both, in the State of familiar with, and agoept the obligation of the state o	Soute -			named Co the corpo			urpose of control the appoin	nanging it ntmont as	s registered registered	
12.	OFFICERS AND		I 13.		ii ograte e i e		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	1S IN 12	
TITLE	0	DLLETE	1.11	NLF	7	D			Change	Addition	
NAME	KASTRENAKES, MICHAEL		1.2 N	АМЕ	1	mario	a Kastrenakes			•	
STREET ADDRESS	19206 US 19 NORTH STE B		1.3 \$	IREET.	ADDRESS		6 US HWY 19 N	İ			
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CITY-ST-ZIP TITLE		DELETE	411		-				Change	Addition	
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STREET ADDRESS			538	1601	ADURESS		J.Main	′			
CITY-ST-ZIP			5.4 C	ITY-SI	- ZIP		0.alan	01			
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NAME			62N	AMI			' 1				
STREET ADDRESS			638	IREET.	ADDRESS						

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adaptiment with an address.